

Attorney Docket No. 60117.000004 Attorney Customer No. 27682

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Jens PETERSEN

Group Art Unit:

TECH CENTER 1600/2900 1615

Serial No.: 09/938,669

Examiner:

Carlos A. Azpuru

Filing Date: August 27, 2001

In re U.S. Patent Application of:

Title: POLYACRYLAMIDE HYDROGEL AS A SOFT TISSUE FILLER

**ENDOPROSTHESIS** 

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

## AMENDMENT/RESPONSE UNDER 37 C.F.R. § 1.111 **TO OFFICE ACTION DATED MAY 6, 2003**

Sir:

The present Amendment is filed in response to an Office Action dated May 6, 2003 in the above-captioned application (the "Application"). A petition for a three (3) month extension of time along with the requisite fee is filed herewith.

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Amendments to the claims are reflected in the listing of claims which begins on page 2 of

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Application No.: 09/938,669

Attorney Docket No. 60771.000004

		J. S. S. CLAI	MS		
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	42	Minus 41 =	1	x \$18.00 =	18.00
Independent Claims	9	Minus 9 =		x \$84.00 =	C
If Amendment ac	dds multiple dep	endent claims, add	\$260.00		(
Total Amendment Fee					0
If small entity sta	atus is claimed,	subtract 50% of Total	al Amendment	Fee	(
TOTALADDI	HONALDED	DUE FOR THIS AN	AIBAIDMIERIL		\$ 18.00

- [ ] Charge \$\_\_\_\_\_ Deposit Account No. 08-3436 for the fee due.
- [X] A check in the amount of \$1,148.00 (\$950.00 for the 3-month EOT, \$180.00 for the IDS, and \$18.00 for the additional claim) is enclosed for the fee due.
- [X] A Certificate of Mailing Under 37 C.F.R. §1.8.
- [X] Self-addressed stamped postcard.
- [X] The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §1.16, 1.17 and 1.21 that may be required by this paper to Deposit Account No. 50-0206.

Date: November 6, 2003

Respectfully submitted,

Shawn K. Leppo

Registration No. 50,311

(804) 788-8516

Please direct all correspondence to:

J. Michael Martinez de Andino HUNTON & WILLIAMS, LLP Riverfront Plaza, East Tower 915 East Byrd Street Richmond, VA 23219 (804) 788-7216 telephone number (804) 788-8218 facsimile number Application No.: 09/938,669

Attorney Docket No. 60771.000004

3. L.A.	#4 #4	R. CLAI	MS		
The Strike	NO. OF	HIGHEST NO.	EXTRA	RATE	FEE
. 11.4	CLAIMS	OF CLAIMS	CLAIMS		
		PREVIOUSLY			
		PAID FOR			
Total Claims	42	Minus 41 =	1	x \$18.00 =	18.00
Independent	9	Minus 9 =		x \$84.00 =	0
Claims					
If Amendment a	lds multiple dep	endent claims, add	\$260.00		0
Total Amendment Fee					0
If small entity sta	atus is claimed, s	subtract 50% of Tot	al Amendment	Fee	- 0
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$ 18.00

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